

The University of Memphis

215 Administration Building
Memphis, TN 38152
Phone: (901) 678-2531
FAX: (901) 678-0378

THE GRADUATE SCHOOL

GRADUATE ASSISTANT APPOINTMENT/REAPPOINTMENT FORM

It is the policy of **THE UNIVERSITY OF MEMPHIS** that no person shall, on the basis of race, color, national origin, religion, age, sex, disability status, or veteran status be denied employment. Any inquiries concerning the application of this policy should be directed to the University's Affirmative Action Office.

Complete all sections and **DO NOT RESPOND "See Vita"** on any part of the form. An official transcript for the highest degree must be on file in the Graduate School.

If this is the first semester this student will be assigned to teaching duties, the department chair must complete the Verification of Academic Credentials Form and submit it with this form.

The department will provide the student with a copy of this contract.

Personal Data (To be completed by appointee and verified by the department chair)

Name: _____ Banner ID No: _____
Last First Middle

Date of Birth: _____ Gender: _____ Marital Status: _____ Race: White Black American Indian Asian Hispanic

Citizenship Country: _____ If you are not a citizen of the United States, do you hold a current Visa entitling you to work here? Yes No

Type of Visa: _____ Visa Expiration: _____ Residency Country: _____
(if other than citizenship country)

Local Address: _____ Telephone: _____
Street City/State Zip

Permanent Address: _____
Street City/State Zip Country

Are you currently working or have you ever worked for The University of Memphis or any other State of Tennessee agency or institution?
Yes No. If yes, list place, job title, and dates of employment. _____

Do you have relatives currently employed at The University of Memphis? Yes No. If yes, list name(s), relationship(s), and department(s). _____

LOCAL EMERGENCY NOTIFICATION: Please indicate whom the University should contact in the event of an emergency.

Name Area Code/Telephone Extension Relationship

Street Address City State Zip

Revised 03/23/06

Necessary Funding and Terms of Graduate Assistant Employment (To be completed by department)

The person named below is recommended for employment under the terms indicated. Necessary funds are available.

Name: _____ Banner ID No: _____
Last First Middle

Local Address: _____ Telephone: _____

Department in which student is enrolled: _____ INDEX Number _____

Eclass	ORG	Position #	Begin Date	End Date	Monthly Rate

Is this a revised contract? _____ Yes _____ NO What is being revised? _____

Is I-9 current? YES _____ NO _____ Please provide any relevant details: _____

Will the student be required to work during breaks when classes are not in session? YES _____ NO _____

Indicate how tuition and fees are to be paid:
Fall/Spring:
 by University central pool _____
 by Index # _____
 no tuition/fees paid (Index 4 and 5 acct.) _____
Summer:
 _____ by Index # _____
 _____ no tuition/fees paid
 number of hours _____

Departmental contact person: _____ Email: _____ Phone: _____

Employment Contract

GA will perform the following duties: Instructor of Record Assistant to Instructor Research Service Clinical _____

In the Department of _____ beginning service on _____ and ending no later than _____ in the amount of \$ _____ per month for a total salary of \$ _____ with an average time per week of (hours) _____. **NOTE: If you are only working 10 hours you will be responsible for 50% of your tuition.**

- You are not eligible for employment benefits (retirement credit, state insurance plan, annual or sick leave, holiday pay or longevity credit).
- This agreement may be terminated without prior notice.
- This appointment does not include any assurance, obligation or guarantee of subsequent employment.
- By acceptance of this agreement, you agree to abide by the terms of the Drug-Free Workplace Act of 1988 as defined in published institution statements and policy. You also agree to notify the Department of Human Resources of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- This agreement is made subject to the laws of the State of Tennessee, the requirements and policies of the Tennessee Board of Regents and the requirements and policies of this institution, including guidelines on graduate assistant fee waivers and refunds.
- This contract is not binding until executed by both Appointee and The University of Memphis.
- Your employment with The University of Memphis is contingent upon completion of the Employment Eligibility Verification (Form I-9) by the first day of employment as required by law to certify work eligibility. Failure to do so will result in termination of employment.
- The method of payment at The University of Memphis is through direct deposit to a checking or savings account at a bank or credit union. You agree to provide necessary account number/s for deposit of your salary/wages.
- You agree to provide The University of Memphis an official transcript conferring your highest degree.

Will you be employed or hold an assistantship in any other capacity at The University of Memphis during the time frame listed above? Yes No
 If yes, where? _____ Hours/week _____ Contact person/phone _____

Appointee Signature _____ Date _____

Chair or Designee - By signing I indicate that I have verified the Terms of Employment (print name) _____ (phone) _____ Date _____

Dean or Designee _____ Date _____

Adm. Status _____

Vice Provost for Graduate Studies or Designee _____ Date _____

Human Resources use ONLY. Do NOT write in boxes below		Monthly Pay Rate	Bursar's use ONLY.
I-9 Received?			
Records use ONLY. Approved for Processing.			
Signature:			
Date Entered:			